



Prior Authorization Criteria for Lyrica (pregabalin)

Background

The depression/non-opioid pain syndrome agents include a variety drug agents, including the selective serotonin re-uptake inhibitors (SSRIs), selective serotonin/norepinephrine reuptake inhibitors (SNRIs), serotonin antagonist reuptake inhibitors (SARIs), norepinephrine/dopamine reuptake inhibitors (NDRIs), alpha-2 receptor antagonists (A2RAs), serotonin partial agonist/reuptake inhibitors (SPARIs), the gamma-aminobutyric acid (GABA) analogs; and the tricyclic antidepressants (TCAs). The DOD Pharmacy and Therapeutics Committee reviewed the depression/non-opioid pain syndrome agents at its November 2011 meeting and recommended that step-therapy (prior authorization) criteria apply to Cymbalta (duloxetine), **Lyrica (pregabalin)**, Pristiq (desvenlafaxine) and Savella (milnacipran).

What is Step Therapy?

Step therapy involves prescribing a safe, cost effective medication as the first step in treating a medical condition. The preferred medication is often a generic medication that offers the best overall value in terms of safety, effectiveness, and cost. Non-preferred drugs are only prescribed if the generic is ineffective or poorly tolerated.

Cymbalta (duloxetine), **Lyrica (pregabalin)**, Pristiq (desvenlafaxine) and Savella (milnacipran) will only be approved for first time users after they have tried one of the preferred agents on the Department of Defense (DOD) Uniform Formulary. Beneficiaries who filled a prescription for any of these medications during the last 180 days will not be affected by step therapy requirements and won't have to switch medications.

Prior Authorization Criteria for Lyrica (pregabalin)

All current and new users of **Lyrica (pregabalin)** must meet one of the following criteria in order for Prior Authorization to be approved:

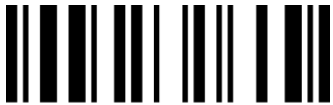
1. The patient has failed therapy with gabapentin or the formulary non-opioid pain syndrome agents.
2. The patient has a contraindication to gabapentin or the formulary non-opioid pain syndrome agents, which is not expected to occur with Lyrica (pregabalin).
3. The patient has experienced adverse events with gabapentin the formulary non-opioid pain syndrome agents, which is not expected to occur with Lyrica (pregabalin).
4. The patient has previously responded to Lyrica (pregabalin) and changing to a formulary depression agent would incur unacceptable risk.

Criteria approved through the DoD P&T Committee process

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Defense Health Agency,
a component of the [Military Health System](#)
DHHQ, 7700 Arlington Blvd,
Falls Church, VA 22042



Prior Authorization Request Form for Lyrica (pregabalin)



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To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) TRICARE pharmacy program (TPHARM). Express Scripts is the TPHARM contractor for DoD.

MAIL ORDER
and
RETAIL

- The provider may **call: 1-866-684-4488**
or the completed form may be **faxed to:**
1-866-684-4477
- The patient may attach the completed form
to the prescription and **mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954**
or **email** the form only to:
TPharmPA@express-scripts.com

Prior authorization criteria and a copy of this form are available at: http://pec.ha.osd.mil/forms_criteria.php. This prior authorization has no expiration date.

Step 1 Please complete patient and physician information (please print):

Patient Name:	_____	Physician Name:	_____
Address:	_____	Address:	_____
Sponsor ID #	_____	Phone #:	_____
Date of Birth:	_____	Secure Fax #:	_____

Step 2 Please complete the clinical assessment:

1. Has the patient tried and failed therapy with gabapentin? <i>(Trial of Gralise or Horizant does not qualify.)</i>	Yes Sign and date below	No Proceed to question 2
2. Has the patient experienced adverse events with gabapentin that are not expected to occur with Lyrica?	Yes Sign and date below	No Proceed to question 3
3. Does the patient have a contraindication to gabapentin that is not expected to exist with Lyrica?	Yes Sign and date below	No Proceed to question 4
4. Has the patient previously responded to Lyrica and changing to gabapentin would incur unacceptable risk?	Yes Sign and date below	No Coverage not approved

Step 3 I certify the above is true to the best of my knowledge.

Please sign and date:

Prescriber Signature

Date

[18 April 2012]